

Home Health Certification and Plan of Care				Order ID: 1195/317					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
120904122		05/29/2026		From: 07/28/2026 To: 09/25/2026		696		239350	
6. Patient's Name and Address ROBERT COMBS 1757 S THENDARA RD, GRAYLING, MI 49738- (248) 709-8163					7. Provider's Name, Address and Telephone Number Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021				
8. DOB 05/21/1966 9.Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD	Principal Diagnosis			Date	Amlodipine Besylate - Amlodipine Besylate 2.5 MG / 1 tablet by mouth once a day Augmentin Oral Tablet 875-125 MG 1 tablet by mouth every 8 hours Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT 2 puffs inhalant twice a day CVS Fluticasone Propionate Nasal Suspension 50 MCG/ACT 1 spray EACH NOSTRIL nasal once a day Docusate Sodium Oral Liquid 100 MG/10ML 5 ML by mouth twice a day GNP Naloxone HCl Nasal Liquid 4 MG/0.1ML nasal once a day PRN OD Levetiracetam - Levetiracetam 750 mg 1 tablet by mouth twice a day Levofloxacin - Levofloxacin: Sodium Chloride 750 mg unspecified tablets by mouth not available Levothyroxine Sodium - Levothyroxine Sodium 150 MCG /1 tablet by mouth once a day Megestrol Acetate - Megestrol Acetate 40 mg 1 tablet by mouth twice a day Metoprolol Tartrate - Metoprolol Tartrate 50 mg 1 tablet by mouth twice a day Montelukast Sodium - Montelukast Sodium 10 mg 1 tablet by mouth once a day Olanzapine - Olanzapine 10 mg 1 tablet by mouth once a day Ondansetron Hydrochloride - Ondansetron Hydrochloride 40 MG / 1 tablet by mouth every 8 hours PRN nausea Phenytoin Sodium - Phenytoin Sodium 100 mg prompt 2 capsules by mouth three times a day Sodium Chloride Flush Intravenous Solution 0.9 % 5 ml intravenous not available frequency: Before and after infusions Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 1 capsule by mouth once a day Trazodone Hydrochloride - Trazodone Hydrochloride 100 mg 1 tablet by mouth at bedtime Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT 1 puff inhalant not available frequency: taken at the same time (daily) Trintellix - Vortioxetine Hydrobromide 20 mg / 1 tablet by mouth once a day True Folic Acid Oral Tablet 1 MG 1 tablet by mouth once a day Lorazepam - Lorazepam 1 gm / 1 tablet by mouth in the morning Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg / 1 tablet by mouth as necessary Take every 4 hours as needed (PRN) for pain Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT 1 puff inhalant as necessary Every 4 hours as needed (PRN) for wheezing Allergy (Cetirizine) Oral Tablet 10 MG 10 mg / 1 tablet by mouth in the morning CVS Omeprazole Magnesium Oral Capsule Delayed Release 20 MG 20 mg / 1 capsule by mouth not available Docusate Sodium Oral Capsule 100 MG 100 mg / 1 capsule by mouth twice a day Gabapentin (Once-Daily) Oral Tablet 300 MG 300 mg / 1 tablet by mouth three times a day Take 2 tablets Aripiprazole - Aripiprazole 10 mg / 1 tablet by mouth not available Atorvastatin Calcium - Atorvastatin Calcium 10 mg / 1 tablet by mouth once a day				
Z48.814	Encntr for surg aftcr fol surg on the teeth or oral cavity			05/29/26					
13. ICD	Other Pertinent Diagnoses			Date					
C06.9	Malignant neoplasm of mouth unspecified			05/29/26					
C15.3	Malignant neoplasm of upper third of esophagus			05/29/26					
Z43.0	Encounter for attention to tracheostomy			05/29/26					
Z43.1	Encounter for attention to gastrostomy			05/29/26					
Z48.01	Encounter for change or removal of surgical wound dressing			05/29/26					
J43.9	Emphysema unspecified			05/29/26					
J80.	Acute respiratory distress syndrome			05/29/26					
R13.12	Dysphagia oropharyngeal phase			05/29/26					
14. DME and Supplies: wound care supplies, Suction Machine, walking boot, front wheeled walker					15. Safety Measures: ambulates with device, standard precautions, walker precautions, medication safety, fall precautions, Universal/infection precautions, Proper use of assistive devices				
16. Nutrition: J-tube, Jevity 1.5					17. Allergies: CODEINE				
18.A. Functional Limitations Endurance, Ambulation					18.B. Activities Permitted Up As Tolerated, Walker				
19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:									
20. Prognosis: good									
22. A Rehabilitation Potential: SELF-CARE: , MOBILITY:					22.B.Discharge Plans family/caregiver will be responsible for managing treatment				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by STRICKLER, SYDNEY SN on 07/23/2026							25. Date HHA Received Signed POT		
24. Physician's Name and Address KYLE AHNERT 1200 W NORTH DOWN RIVER RD GRAYLING, MI 49738-8025 PHONE: (989) 344-5910 FAX: 12319353463 NPI: 1689439382					26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan. F2F date :				
27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face					28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws. PAGE 1 of 2				

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Homebound status: Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a walker and assistance of another person in order to leave their place of residence.

Clinical Condition
Requiring Homecare: Encntr for surg after fol surg on the teeth or oral cavity

SN Careplans

SN WK1: 1 (07/28/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/25/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 60 > 100, O2 saturation < 90 > 100, pain < 0 > 7

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: Home Health Clinician to provide ongoing patient and caregiver education regarding prevention of skin breakdown and pressure injuries during the home health episode as clinically indicated.; Home Health Clinician to assess fall risk and provide ongoing patient and caregiver education regarding fall prevention and home safety measures throughout the home health episode as clinically indicated.; Home Health Clinician to assess, monitor, educate, and implement non-pharmacological pain management interventions as clinically indicated throughout the home health episode. Notify physician/authorized provider of uncontrolled pain, significant changes in pain status, or adverse medication effects.; Home Health Clinician to assess, monitor, and provide patient/caregiver education regarding mood status, signs and symptoms of depression, and coping strategies throughout the home health episode. Notify physician/authorized provider of significant mood changes, safety concerns, or worsening depressive symptoms.; Home Health Clinician to implement standard and transmission-based infection control precautions as indicated and provide ongoing patient/caregiver education regarding infection prevention throughout the home health episode. Notify physician/authorized provider of suspected or confirmed infection or clinical deterioration.; Home Health Clinician to assess, review, and reinforce patient/caregiver emergency preparedness plan throughout the home health episode, recertifications and resumptions of care.; Home Health Clinician to assess patient advance directive status and provide education regarding advance care planning throughout the home health episode. Assist with identification, completion, or updating of advance directive documents as appropriate and within scope of practice.
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: swollen lips/tongue/eyes/face, coughing, limited range of motion, limited endurance

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Wound care to anterior neck: Cleanse with soap and water and leave open to air., physician-ordered wound care: Wound care to lateral left calf: cleanse wound with wound cleanser or normal saline. Apply xeroform to wound bed. Cover with ABD. Wrap with roll gauze and lightly with ace wrap.

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification preventing pressure ulcer recurrence record wound measurements, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: (In patient's own words) : Heal wounds

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* preventing pressure ulcer recurrence
* record wound measurements
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

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Optional Name/Signature of Nurse/Therapist:

Date

Electronically Signed by STRICKLER, SYDNEY SN

07/23/2026